

SBA

SOP 36 00

Attendance and Leave

Office of Human Resources

U.S. Small Business Administration



SMALL BUSINESS ADMINISTRATION
STANDARD OPERATING PROCEDURE
National

SUBJECT: Attendance and Leave	S.O.P.		F
	SECTION 36	NO. 00	

INTRODUCTION

1. Purpose. To outline the Agency's policy and procedures for attendance and leave.
2. Personnel Concerned. All SBA employees.
3. Directives Canceled. SOP 35 50 3, Occasional Overtime and Holiday Work, Nights, and Sunday.

SOP 36 10 2, Hours of Duty

SOP 36 30 2, Leave

4. Originator. Office of Human Resources.

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Chapter 1

General Information

1. What Is the Purpose of this Standard Operating Procedure (SOP)?

This SOP establishes the hours of work you must be in attendance and provides guidelines for granting and excusing leave uniformly and equitably in accordance with Title 5, U.S.C. chapters 61 and 63; 5 CFR Parts 610 and 630; and Public Law 103-3, "Family and Medical Leave Act of 1993." This SOP applies to all employees, with the exception of the leave provisions which exclude:

- a. Intermittent employees without a regular tour of duty;
- b. Contract personnel;
- c. Persons paid on a fee basis; and
- d. Presidential appointees.

2. What If this SOP Conflicts With a Negotiated Agreement?

To the extent that this SOP conflicts with a negotiated agreement, the negotiated agreement shall prevail for bargaining unit employees.

3. Who Can Update this SOP and Appendices?

The Assistant Administrator for Human Resources is authorized to update this SOP and the appendices.

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Chapter 2

The Workweek

1. What Is the Workweek?

The U.S. Small Business Administration's (SBA) administrative workweek begins on Sunday and ends on the following Saturday. If you are a full-time employee, your basic workweek is generally 40 hours, 8 hours each on Monday through Friday, exclusive of a lunch period of 30 minutes. If you are a part-time employee, your supervisor, in consultation with your servicing personnel office, will prescribe specific days and hours of duty at the time of your appointment. Your schedule will appear on your SF-50, "Notification of Personnel Action," at the time of your part-time appointment and anytime your schedule is changed.

a. Who Can Approve a Change to My Work Schedule?

- (1) Management Board Members;
- (2) District Directors; and
- (3) Disaster Area Office Directors.

This authority may be redelegated to first-line supervisors.

b. What Circumstances Will Permit a Change?

- (1) Work requiring special hours of duty for particular employees or groups of employees;
- (2) Individual hardships; or
- (3) Training courses which will equip you to more effectively carry out the duties of your position.

Your approving official must periodically reevaluate changes to your work schedule to keep individual deviations from normal business hours at a minimum. Your approving official must send a copy of any change to your workweek to your time and attendance clerk.

2. **What Are SBA's Business Hours?**

The business hours for the Headquarters are 8:30 a.m. to 5:00 p.m. Business hours for field offices are 8:00 a.m. to 4:30 p.m. or 8:30 a.m. to 5:00 p.m. Exceptions to this policy may be made when hardships or unique work requirements exist which affect all employees.

a. **Who Can Approve a Change In Business Hours for the Field?**

Management Board members with offices located outside of Washington, D.C. may approve a change to business hours for the field.

b. **What Are the Procedures for Requesting Exceptions to Business Hours In the Field?**

Before implementing any change, the heads of offices outside of Washington, D.C. and the Washington District Office District Director must:

- (1) Submit a written request, including appropriate justification, to change business hours for the office to their approving official;
- (2) Obtain approval for the change; and
- (3) Consult or negotiate, when applicable, with the local labor organization.

The approving official must publish the new business hours via SBA Notice.

Chapter 3

Alternative Work Schedules (AWS)

1. What Are the Alternative Work Schedules?

You may elect to work one of the following AWS:

- a. **Flexitour.** A flexible schedule containing a core time on each weekday in which a full-time employee has a basic work requirement of 8 hours per day and 40 hours per week. You must select fixed starting and stopping times within the flexible time band and adhere to these times.
- b. **Flexitime.** A flexible schedule containing a core time on each workday in which a full-time employee has a basic work requirement of 8 hours in each day. You may change the arrival time daily as long as it is within the established flexible time band.
- c. **Compressed Work Schedules.**
 - (1) **5-4/9.** An 80-hour biweekly work requirement in which a full-time employee will work 8 9-hour days and 1 8-hour day in a pay period with 1 day off. A part-time employee who normally works 3 days a week, 8 hours each day during a biweekly work requirement, may work 5 9-hour days and 1 3-hour day during the pay period.
 - (2) **4/10.** A 4-day workweek in which a full-time employee works 4 10-hour days each workweek. Offices may establish this schedule after agreement with your local labor management partnership committee and consultation with your Management Board member.

You may begin work as early as 6:00 a.m. and work as late as 6:00 p.m., Monday through Friday. You must be on duty or on approved leave during SBA's core hours (9:00 a.m. to 3:30 p.m.). See appendix 2 for a listing of alternate work schedules.

Supervisors are responsible for ensuring that all employees under their supervision have worked the proper number of hours for the work schedule selected before signing individual Time and Attendance Reports.

2. What Is the Criteria for Approving My AWS Request?

Your approving official must ensure mission coverage for:

- a. Answering telephones;
- b. Responding to public inquiries;
- c. Responding to program needs based on business necessity;
- d. Representing the office at essential meetings; and
- e. Supervising employees.

In the event of conflicts in scheduling AWS between employees, your approving official will use your service computation date (SCD) to resolve the conflict.

3. How Often Can I Change My Work Schedule?

You may change your schedule or starting and stopping times once each quarter. Your approving official may consider further requests.

Note: You may not combine a fixed schedule, i.e., 5/4-9 or 4/10, with a flextime schedule. With the exception of a flexible work schedule, the working hours in each day in the basic workweek must be the same (See 5 CFR § 610.121 (a)(3)).

4. Can My Supervisor Modify or Cancel My AWS?

Your supervisor may modify or cancel your AWS to:

- a. Provide essential coverage within the office;
- b. Correct serious performance deficiencies;
- c. Correct misconduct problems, i.e., leave abuse, etc.; or
- d. Facilitate training schedules.

For bargaining unit employees, supervisors should refer to the applicable collective bargaining unit agreement before making any unilateral changes.

5. How Much Time am I Allowed for My Lunch?

You may elect a lunch period of 30, 45, or 60 minutes. 5 U.S.C. § 301 is the authority for the allowance of lunch periods. Employees who elect a lunch break of 45 or 60 minutes must extend their work schedules by 15 or 30 minutes as applicable to their schedule. You may not have a lunch break of more than 1 hour in a basic workday. (See 5 CFR § 610.121(a)(6).)

6. May I Skip My Lunch or Rest Periods and Leave Work Early?

The purpose of a lunch period is to provide you with a duty-free period to eat your noon meal. Accordingly, lunch periods may not be skipped to shorten your workday. Rest periods are part of the basic work requirement. Because you are in a pay status during rest periods, you may not skip them to leave work early (Comptroller General B-190011).

7. May I Skip a Rest Period and Add 15 Minutes to My Lunch?

No. Such an arrangement would not satisfy your 40 hour work requirement since rest periods are a part of your basic workday.

8. When Is My In-lieu of Holiday If a Holiday Falls on My Flex Day?

a. Full-Time Employee.

When a holiday falls on your flex day (nonworkday), the preceding workday is designated as your holiday, e.g., for holidays that fall on Monday, your holiday is actually Friday.

Supervisors may adjust your "in lieu of holiday" to prevent an "adverse agency impact." Your "in-lieu of holiday" must be in the same biweekly pay period.

b. Part-Time Employee.

You do not receive an "in-lieu of holiday" for a non-workday. You are paid for your scheduled hours of work. (See 5 CFR § 610.406(b).)

9. Am I Entitled to Another Day Off When SBA Is Closed On My Flex Day?

No. When a lapse of appropriations, inclement weather, or Executive Order results in closing SBA on your flex day, you aren't entitled to an additional day off since your flex day was a nonworkday (Comptroller General B-217080).

10. What Happens If My Supervisor Requires Me to Work On My Flex Day?

Your supervisor will authorize or get authorization, in advance, for you to work overtime or compensatory time.

11. Who May Approve Requests for Overtime or Compensatory Time?

- a. Management Board members, district and area office directors, and their subordinates to whom they redelegate authority in writing, may approve occasional overtime and compensatory time ordered in advance and within budgetary constraints for employees under their supervision.
- b. Supervisors may approve compensatory overtime worked for religious observance

(See 5 CFR § 550, Subpart A, for additional information on maximum earnings limitations, overtime pay, night pay, pay for holiday work, administratively uncontrollable work, pay for Sunday work, law enforcement availability pay, and compensatory time off for religious observances.)

12. How Does a Temporary Assignment or Training Affect My AWS?

When you have advance notice, you should work with your supervisor to adjust your schedule or switch to the standard work hours to adhere to the established schedule of the temporary assignment or training program for the affected pay period(s).

Chapter 4

Holidays

1 What Are the Federal Holidays?

See Title 5 U.S.C., Chapter 6103, for a listing of legal public holidays.

2. Does SBA Observe State and Local Holidays?

Generally no. SBA treats State and local holidays as regular workdays. If you wish to be absent and the office is open, you must request annual leave or leave without pay (LWOP) from your supervisor.

In those rare situations where a non-Federal holiday makes it impossible to properly perform the functions of the office, heads of offices located outside of Washington, D.C., district directors (with the exception of the Washington District Office), and area directors respectively may close an SBA office. Employees must actually be prevented from working by one of the following conditions:

- a. The building or office in which they work is not open or the building services essential to proper performance of work are not operating;
- b. The holiday causes discontinuance or interruption of local transportation services preventing employees from reporting to their work location; or
- c. Employees' duties consist largely of dealing directly with business or industrial establishments; all such establishments are closed to observe the local holiday and there are no other duties consistent with their normal duties which they can perform on the local holiday.

Authorizing officials described above should document the specific condition which applies when approving the closing of an office and send a written notice of such approval and reasons to their Management Board member in Headquarters.

3. Are Public Protest Events Non-Workdays?

No. When a private group designates a day for discussions, protests, or nonwork, there is no effect on Federal Government agencies. Such days are regular workdays for you and regular leave policies are in effect. Leave approving officials may deny your request for leave if your absence would adversely affect the operation of the office.

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Chapter 5

Group Dismissals or Closure In Emergency Situations

1. When Is Group Dismissal or Closure Appropriate?

Group dismissal may be necessary due to natural disasters; a massive power failure; a major fire; serious interruptions to public transportation; mass demonstrations; severe inclement weather; and other situations which affect the health and safety of employees.

a. Who Can Close Headquarters?

The Administrator, Deputy Administrator, or the Associate Deputy Administrator for Management and Administration (ADA/M&A) may close all or part of Headquarters and the Washington District Office when conditions warrant.

b. Who Can Close a Field Office?

Heads of SBA field offices (except those in Washington, D.C. and district offices located in regional cities) have the authority to close an office due to emergency conditions. The findings and recommendations of local police, highway authorities, and any Federal Executive Board should guide the determination. Heads of the office must notify their Headquarters Management Board member, the Assistant Administrator for the Office of Human Resources, and the Assistant Administrator for the Office of Administration.

2. What Is the Procedure for Emergency Dismissal or Closure?

Field offices should establish an emergency dismissal or closure plan and coordinate it with their local Federal Executive Board, whenever possible, and distribute it to their employees.

The Office of Personnel Management has developed the guidelines in appendix 3 for early dismissal or closure of Federal agencies in the Washington, D.C. area.

3. What Happens When the Media Announces, "Federal Government Closed?"

You should stay home. You will be granted administrative leave unless you are on leave without pay (LWOP), military leave, suspension, or otherwise in a non-pay status. If you are on pre-approved leave, your supervisor will not charge you leave for that day. Your supervisor must document this excused absence on your time and attendance report. Workdays on which Federal offices do not open are non-workdays (5 U.S.C. 6302(a)).

Chapter 6

General Leave Provisions

1. Who Has the Authority to Approve My Leave?

- a. Management Board members and district directors are delegated the authority to approve leave in addition to the following leave requests from subordinates:
 - (1) Extended leave without pay (LWOP in excess of 30 days);
 - (2) Advanced annual and sick leave;
 - (3) Military leave; and
 - (4) Restoration of forfeited annual leave.
- b. Supervisors are authorized to approve all other leave requests from subordinate employees.

When an employee is not co-located with the supervisor, the employee may have an administrative supervisor on-site to approve leave.
- c. District Directors are authorized to self-approve 3 days of annual leave at any one time.

2. May I Use Sick Leave for Annual Leave and Vice Versa?

- a. You may request to use sick leave for annual leave only when you become sick while on annual leave. Your supervisor may grant your request if you submit adequate justification.
- b. You may retroactively substitute annual for sick leave to liquidate an outstanding advanced sick leave balance.

3. What Happens If I Can't Report to Work on Time?

You should call your supervisor within the first 2 hours of your tour of duty to avoid being placed in absent without leave (AWOL) status. If this happens, you will be

deprived of pay and subject yourself to possible disciplinary action. If you later submit acceptable evidence of emergency annual leave or illness, your supervisor may change your record to an approved leave status.

4. What Is the Minimum Charge to My Leave Account?

The minimum charge to your leave account is 15 minutes.

5. Do Intermittent Employees Earn Leave?

No. Periods of service for employment on an intermittent (when actually employed) basis are not creditable for purposes of the 90-day qualifying period for leave.

6. What Is the Time Limit for Using Compensatory Time?

With the exception of non-exempt employees, you must use any compensatory time to your credit within the same calendar year in which it is earned or you will automatically forfeit it at the end of the leave year unless it meets the criteria in chapter 8, paragraph 1 (b).

Non-exempt employees will be paid for compensatory time which is not used by the end of the leave year in which it is earned.

7. What Is the Leave Policy for Emergency Situations?

Your supervisor will use the guidelines in the Emergency Dismissal or Closure Procedures in appendix 3.

8. What Is the Basic Difference Between Family Friendly Leave and Family and Medical Leave?

Family Friendly Leave (FFL) Act (Paid Leave)	Family and Medical Leave (F&ML) Act (Unpaid Leave)
The Family Friendly Leave Act expanded the use of sick leave. The Act entitles you to use 40 hours of sick leave, plus an additional 64 hours of sick leave if you maintain a balance of 80 hours of sick leave for:	The Family and Medical Leave Act entitles you to use 12 administrative workweeks of LWOP during any 12-month period for:
<ul style="list-style-type: none"> a. Caring for or attending to a family member as a result of physical or mental illness; injury; pregnancy; childbirth; or medical, dental, or optical examination or treatment; b. Making arrangements necessitated by the death of a family member or attending the funeral of a family member; c. Adoption related purposes, i.e., appointments with adoption agencies, social workers, and attorneys; court proceedings; required travel; and any other activities necessary to allow the adoption to proceed. 	<ul style="list-style-type: none"> a. Birth of a child and care of a newborn child (within 1 year after birth); b. Placement of a child with you for adoption or foster care (within 1 year after placement); c. Care of spouse, child, or parent with a serious health condition; or d. Serious health condition which makes you unable to perform the duties of your position
<p>The Family Friendly Leave Act defines "Family Member" as:</p> <ul style="list-style-type: none"> - Spouse, and parents thereof; - Children and spouses thereof; - Parents; - Brothers, sisters, and spouses thereof; and - Any individual related by blood or affinity whose close association with you is the equivalent of a family relationship. 	<p>The Family and Medical Leave Act defines "Family Member" as:</p> <ul style="list-style-type: none"> - Children; - Spouse; and - Parents
You may request FFL on SF-71, "Application for Leave," as you do for traditional use of sick leave.	<p>You must invoke entitlement to F&ML by annotating the SF-71, "Application for Leave," as:</p> <ul style="list-style-type: none"> 1) "F&ML Act Leave - Family;" or 2) "F&ML Act Leave - Medical."
Supervisors are encouraged to approve.	Supervisors are encouraged to approve, but may delay for 30 days after the date you give notice of your need if you fail to give proper notice and the event was foreseeable.
See Chapter 9, "Sick Leave," and Chapter 13, "Family & Medical Leave," for additional information.	

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Chapter 7

Annual Leave

1. What Is Annual Leave and Who Is Eligible to Earn It?

Annual leave is an approved absence from work with pay. Unless you are appointed for less than 90 days without a fixed schedule, you are eligible to earn and use annual leave. You earn annual leave for every full pay period you work. If you are hired after the first workday or if you separate from the Federal Government before the last workday of a pay period, you will not earn annual leave for working the partial pay period (5 CFR § 630.202).

2. How Much Annual Leave Do I Earn?

You earn annual leave each full pay period you are in a pay status based on your years of service. Your earning rate changes the pay period after you complete your 3rd and 15th year. The following table shows how much leave you earn each pay period:

<i>Years of Service</i>	<i>Full-Time</i>	<i>Part-Time*</i>
less than 3 years	4 hours	1 hour for every 20 hours worked
3 but less than 15 years	6 hours, plus an additional 4 hours in the last full pay period of the calendar year	1 hour for every 13 hours worked
15 years or more	8 hours	1 hour for every 10 hours worked
* 80 hours in pay status is the maximum you can use to calculate annual leave earned.		

3. What Is My Annual Leave Ceiling?

a. General Schedule:

Your maximum permissible annual leave carryover is normally 30 days (240 hours).

b. Senior Executive Service:

Your maximum permissible annual leave carryover is 90 days (720 hours) unless on the first day of the first pay period after October 13, 1994, your annual leave balance exceeded 720 hours. In which case, your leave balance became your new ceiling. This higher ceiling will reduce as your annual leave balance reduces until your annual leave is equal to or less than 720 hours.

4. How Do I Request Annual Leave?

You may request annual leave in advance by using SF-71, "Application for Leave" (appendix 4). When you cannot anticipate the need for leave, you must notify your supervisor or another designated staff member of your need for leave and the expected duration within the first 2 hours of your duty day, except in unusual circumstances.

a. Do I Have to Give the Reason I am Requesting Annual Leave?

No. However, your supervisor may inquire about your request if it conflicts with work demands.

b. Will My Request for Annual Leave Be Granted?

- (1) Your supervisor will grant you annual leave when your supervisor can spare you from your duties. Your supervisor will base disapproval of your request for leave on workload requirements and the number of employees available for office coverage.
- (2) Your supervisor may give retroactive approval for emergency annual leave when your supervisor determines circumstances warrant. Mere notification of absence does not require a supervisor to approve annual leave for you.

5. What Happens to My Annual Leave If I Separate from the Federal Government?

- a. After you complete the separation clearance process, you will receive a lump sum payment for any accumulated annual leave and any unused restored leave.

- b. Should you separate to enter active duty with the Armed Forces, you may receive either a lump-sum payment for your annual leave or have your annual leave remain credited to your regular leave account until you return to a Federal civilian position.

6. Can SBA Advance Me Annual Leave?

- a. **Permanent Employee.** Management Board members and district directors may advance you annual leave up to the amount you will earn by the end of the leave year.
- b. **Temporary Employee.** Management Board members and district directors may advance you annual leave up to the amount you will earn by the expiration date of your appointment, not exceeding the amount you will earn before the end of the leave year, whichever is less.

You should submit a written request to include the inclusive dates and reason for your request through your chain of command.

7. How Does SBA Liquidate My Advanced Annual Leave?

You must repay SBA for all unliquidated advanced annual leave. SBA will withhold the amount due from any monies due you including from your retirement account, unless the separation is due to your death, your disability retirement, or your resignation or separation because of disability.

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Chapter 8

Restoration of Forfeited Leave

1. Can My Forfeited Leave Be Restored?

a. Annual Leave.

You may request restoration of your annual leave in excess of the maximum permissible carryover which you have forfeited at the end of the leave year when the forfeiture resulted from:

- (1) Exigency of the public business which precluded you from using your scheduled annual leave or accrued compensatory time;
- (2) Sickness which occurred late in the leave year or was of long duration which precluded you from using scheduled annual leave or accrued compensatory time; or
- (3) Administrative error when the error causes a loss of your annual leave.

b. Compensatory Time Off.

You may request restoration of your compensatory time forfeited at the end of the leave year when the forfeiture resulted from:

- (1) Exigency of the public business which precluded you from using your scheduled compensatory time;
- (2) Sickness which occurred late in the leave year or was of long duration which precluded you from using scheduled compensatory time; or
- (3) Overtime worked for observance of religious holidays that was worked to late for you to use before the end of the leave year.

2. What Constitutes an "Exigency" of the Public Business?

An exigency of the public business pertains to operational demands of the SBA which preclude you from using your leave. Examples may include disaster duty, an emergency detail, the lapse of appropriations, jury service, etc.

a. Who Determines that an Exigency Exists?

When your supervisor believes an exigency exists, your supervisor will initiate SBA Form 1066, "Approval of Exigency," (appendix 5) and forward it to your

approving official.

b. Who Can Approve an Exigency?

The Administrator, Deputy Administrator, and the Associate Deputy Administrator for Management and Administration can approve an Agency-wide exigency. Headquarters Management Board members have authority to approve an exigency for their subordinate employees, with the exception of their immediate subordinates.

3. What Is the Criteria to Restore My Forfeited Leave?

a. Annual Leave.

You must have:

- (1) Scheduled and obtained approval for your annual leave in writing at least 6 weeks before the end of the leave year.
- (2) Rescheduled and obtained approval of annual leave in writing 6 weeks before the end of the leave year, where possible, when an exigency or sickness resulted in the cancellation of your scheduled annual leave during the year.

SBA cannot waive or modify the statutory requirement to schedule leave in advance, even when extenuating circumstances exist (5 USC 6304(d)(1) and 5 CFR 630.308).

b. Compensatory Time Off.

You must have:

- (1) Scheduled and obtained approval for your compensatory time off in writing before the end of the last pay period in the leave year.
- (2) Rescheduled and obtained approval of compensatory time off in writing before the end of the leave year, where possible, when an exigency or sickness resulted in the cancellation of your scheduled compensatory time off during the year.

4. What Is the Procedure for Processing My Restoration Request?

You must submit the following documents to your approving official by February 15, or within 4 weeks of the termination of the exigency, whichever is later.

- a. SBA Form 1066, "Approval of Exigency," when previously approved;
- b. SBA Form 1067, "Request for Restoration of Forfeited Leave," (appendix 6);

- c. SF-71, "Application for Leave," cancelling your leave or other written documentation scheduling and, when applicable, rescheduling your leave;
- d. Documentation showing when and for what reason(s) your leave was cancelled, or what reason(s) you were precluded from using your leave; and
- e. AD-334, "Statement of Earnings and Leave," for pay period 26 (appendix 7).

(1) What Happens to My Restoration Request After My Approving Official Signs?

- (a) Your approving official will send your approved request to your servicing personnelist for technical review to ensure compliance with appropriate regulations and processing. Your servicing personnelist will e-mail you regarding the number of hours of annual leave restored and the beginning date of the 2-year period you may use your restored leave. Your time and attendance (T&A) clerk will receive a copy of this notification to code your T&A records.
- (b) Your servicing personnel office will maintain your request in a leave restoration file for 3 years, then destroy it.

(2) What Is the Time Limit for Using Restored Annual Leave?

You must use your restored annual leave by the end of the leave year ending 2 years after:

- (a) The date of restoration of your annual leave forfeited because of an administrative error;
- (b) The date fixed by your approving official as the termination date of the exigency of public business which resulted in forfeiture of your annual leave; or
- (c) The date you recover and return to duty when your leave was forfeited because of sickness.

You will forfeit any unused restored annual leave at the end of the 2-year time period and you have no further right to restoration.

(3) What Is the Time Limit for Using Restored Compensatory Time Off?

You must use your restored compensatory time off within 6 pay periods of the effective date of restoration. Restored compensatory time is not subject to restoration again.

5. What Happens to My Unused Restored Annual Leave When I Separate from the Federal Government?

- a. You will receive a lump-sum payment when you:
 - (1) Separate before the expiration of the 2-year time limit for using your leave;
 - (2) Separate to enter on active duty with the Armed Forces;
 - (3) Forfeit leave accrued after June 30, 1960, due to an administrative error that was not found before your separation. You must make a claim for payment within 3 years immediately following the date the error was found.
- b. You will receive a recredit when you transfer without a break in service to another Government agency before the expiration of the 2-year time limit for using your leave. Your leave will be sent to your new agency.

Chapter 9

Sick Leave

1. How Much Sick Leave Do I Earn?

<i>If you are...</i>	<i>then you earn...</i>
Full-time	4 hours each full biweekly pay period.
Part-time	1 hour for each 20 hours you work.
There is no ceiling on the amount of sick leave you may accumulate.	

2. When May I Use Sick Leave?

Your supervisor may grant you sick leave when you:

- a. Receive medical, dental, or optical examination or treatment;
- b. Are sick due to physical or mental illness, injury, pregnancy, or childbirth;
- c. Provide care for a family member¹ as a result of physical or mental illness, injury, pregnancy, childbirth, or medical, dental, or optical examination or treatment;
- d. Make funeral arrangements for a family member or attend the funeral of a family member;
- e. Would, as determined by health authorities, jeopardize the health of others by your presence on the job because of exposure to a communicable disease; or
- f. Must be absent from duty for purposes relating to the adoption of a child, including appointments with adoption agencies, social workers, and attorneys, court proceedings, required travel, and any other activities necessary to allow the adoption to proceed.

¹ A family member is a spouse; parents thereof; children and spouses thereof; parents; brothers and sister, and spouses thereof; and any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

3. How Much Sick Leave May I Use for a Family Member?

Your supervisor may grant you up to 104 hours of sick leave to provide care for a family member as described in paragraph 9-2c, or to make funeral arrangements or attend the funeral of a family member as described in paragraph 9-2d. You must maintain a balance of 80 hours of sick leave to use more than 40 hours of sick leave for these purposes. When you work part-time, you must maintain an amount equal to twice the average number of hours in your scheduled tour of duty each week to use more than 40 hours of sick leave for these purposes.

4. How Do I Request Sick Leave?

- a. You must request approval from your supervisor, preferably on a SF-71, "Application for Leave," in advance, where possible.
- b. When you are absent because of illness, you must call your supervisor within the first 2 hours of your tour of duty. When you return to duty, you should complete SF-71, "Application for Leave," for your supervisor's approval.

5. What Is a Medical Certificate and When Is One Required?

A medical certificate is a written statement signed by a registered practicing physician or other practitioner, certifying to your incapacitation, examination, or treatment, or to the period of disability during which you were receiving professional treatment.

Your supervisor may request you submit a medical certificate for:

- a. Absences in excess of 3 workdays. When the nature of the illness is such that you do not need to see a medical practitioner, your supervisor may consider your written statement concerning your illness. Prolonged absences may require periodic medical certification; or
- b. Advance sick leave.

6. What Happens If I Abuse My Sick Leave Privileges?

When your supervisor believes that you are taking sick leave for reasons other than family or illness, your supervisor may restrict your use of sick leave. Your supervisor will notify you in writing that:

- a. You must submit a medical certificate for all absences due to illness within 3 days after you return to duty to support your use of sick leave; and
- b. Your unjustified absences will be charged as absent without leave (AWOL) and subject you to disciplinary action.

7. Can SBA Advance Me Sick Leave?

- a. **Permanent Full-Time Employee.** Your Management Board member or district director may advance you a maximum of 30 workdays (240 hours) of sick leave for serious disability or ailment or for purposes relating to birth or adoption of a child provided your request includes a medical certificate or other supporting documentation.
- b. **Appointment of Limited Duration.** Your Management Board member or district director may advance you a maximum of 30 workdays (240) hours of sick leave for serious disability or ailment or for purposes relating to birth or adoption of a child provided your request includes a medical certificate or other supporting documentation not to exceed the amount you will earn during the remaining period of your employment.

You should submit a written request to include the inclusive dates and reason for your request through your chain of command.

- c. **Applicant for Disability Retirement.** SBA cannot advance you sick leave once you file an Application for Disability Retirement.

8. How Does SBA Liquidate My Advance Sick Leave?

SBA will carry your sick leave forward from one pay period to another and from one leave year to another. When you separate from Federal service, SBA will charge your annual leave account; deduct the amount from any pay (including retirement fund) due you; or request a cash refund from you.

9. Can My Advanced Sick Leave Automatically Liquidate?

Yes. You do not have to repay advance sick leave if you die, retire for disability, or resign or separate because of disability.

10. Can SBA Recredit My Sick Leave?

Yes. SBA will recredit your sick leave when you have a break in service (without regard to the date of your separation) and you return to Federal employment on or after December 2, 1994, and you didn't forfeit sick leave upon reemployment before this date (5 CFR § 630.502).

11. Can SBA Use My Sick Leave to Compute My Annuity?

Yes. SBA will convert your sick leave balance to months of service which will increase your annuity. However, you cannot use your sick leave to meet the length of

service requirement for your retirement eligibility, or to compute your high three average salary.

Chapter 10

Other Paid Leave

1. What Is Other Paid Leave?

- a. Military Leave;
- b. Court Leave;
- c. Leave for Bone-Marrow or Organ Donation;
- d. Home Leave;
- e. Administrative Leave; and
- f. Official Time.

2. Am I Eligible for Military Leave?

5 U.S.C. § 6323 entitles employees² to leave without loss in pay, time, or performance or efficiency rating for active duty or training as a Reserve of the armed forces or member of the National Guard.

a. How Do I Accrue Military Leave?

Full-time Employees. You get 15 days per fiscal year and, to the extent that it is not used in a fiscal year, military leave accumulates for use in the succeeding fiscal year until it totals 15 days at the beginning of a fiscal year.

Part-time Employees. Your accrual is determined by dividing 40 into the number of hours in your regularly scheduled workweek during a fiscal year.

b. How Does SBA Charge Military Leave?

SBA charges military leave on a calendar-day basis in 1-day increments to include holidays and nonworkdays that occur during an active duty or training period. There is no charge to military leave when a holiday or nonworkday occurs at the start or close of the training period (52 Comptroller General 471 (1973)).

² Intermittent and temporary employees appointed for less than 1 year are not eligible for military leave.

c. How Do I Request Military Leave?

You must submit an SF-71, "Application for Leave," with a copy of your military orders, to your approving official (see chapter 6-1) as far in advance as possible. Upon your return to duty, you must submit certification of your attendance showing your name and the days you performed military service.

d. What Other Purposes May I Use Military Leave For?

You may use military leave for:

(1) Enforcement Purposes.

If you are a full-time employee and a reservist in the Armed Forces or a member of the National Guard, you may use military leave to provide military aid to enforce the law, without loss of or reduction in pay, leave, credit for time or service or performance or efficiency rating. You accrue a maximum of 22 workdays (176 hours) in a calendar year. Your supervisor will charge you leave on the same basis as annual and sick leave.

(2) Parade or Encampment.

If you are a full-time employee and a member of the National Guard of the District of Columbia, you may use military leave without loss in pay or time for each day of a parade or encampment your commanding general ordered or authorized under Title 39, District of Columbia Code. You may use the amount of leave necessary to cover each day of service.

3. Am I Eligible for Court Leave?

Permanent and temporary-indefinite employees qualify for absence from duty, without loss of or reduction in your pay or leave when summoned in connection with any judicial proceeding, by a court or authority responsible for the conduct of that proceeding, to serve as a juror or witness on behalf of any party in connection with any judicial proceeding to which the United States, the District of Columbia or a State or local government is a party; in the District of Columbia, a State, territory, or possession of the United States, including Commonwealth of Puerto Rico, the Trust Territory of the Pacific Islands, or the Republic of Panama.

a. What Happens If I am on Annual Leave and Summoned for Jury Duty?

Should this happen, let your supervisor know as soon as possible so court leave can be substituted for your annual leave (27 Comptroller General 83 (1947)).

b. What Happens If I am on Leave Without Pay and Summoned for Jury Duty?

Your supervisor will continue to carry you in a leave without pay status. Court leave is only available when you are in a paid status (27 Comptroller General 83 (1947)).

c. Must I Return to Duty When Excused by the Court?

When only 2 hours or less remain in the working day, you do not have to return to duty. In other cases, you should return to duty or take annual leave (26 Comp. Gen. 413 (1946)).

d. Must I Provide Evidence of My Attendance for Jury Duty?

Yes. When your jury duty ends, you must give your supervisor written evidence showing the actual dates of your attendance. You should get a statement from the clerk of the court.

e. Can I Keep My Jury or Witness Service Fee?

5 U.S.C. § 5537, prohibits you from receiving fees for jury duty or service as a witness. However, you may keep mileage payments, meals, and lodging fees.

4. Am I Eligible for Bone-Marrow or Organ Donor Leave?

You may use 7 days of bone-marrow or organ donor leave each calendar year without a charge to annual or sick leave to serve as a bone-marrow or organ donor.

5. Am I Eligible for Home Leave?

No. 5 U.S.C. § 6305(a), authorizes home leave for employees who were recruited or transferred from their place of permanent residence in the United States or its territories or possessions including the Commonwealth of Puerto Rico for temporary assignment abroad for at least 24 months of continuous service with guaranteed return rights.

6. Am I Eligible for Administrative Leave?

Administrative leave is an absence from duty with pay and without charge to your leave. There is no entitlement to administrative leaves. Supervisors may excuse employees on an individual basis under circumstances that are in the public interest or consistent with prevailing practices of other Federal agencies in the local area. When supervisors exercise this authority, they must document your use of administrative leave on your time and attendance card.

Your supervisor may excuse you from duty under the following circumstances:

a. Fulfillment of Position Requirements.

- (1) Office of Personnel Management clerical and technical examinations in connection with an official personnel action within SBA for the time required for you to complete the examination.
- (2) Change of your official station, not to exceed 2 workdays on both ends, to supervise the packing and crating and unpacking of your household goods and for other matters relating to the move when you transfer within SBA from one official station to another, or from another agency for permanent duty with SBA (see SOP 20 15).

b. Civic Responsibilities.

- (1) Voting and Registration.
 - (a) **Local Area.** Where the polls are not open at least 3 hours before or after SBA's opening and closing hours, your supervisor may grant up to 3 hours of administrative leave in the morning or the afternoon to allow you to vote, whichever gives you the lesser time off.
 - (b) **Beyond Commuting Distance.** If you cannot vote by absentee, your supervisor may excuse up to 1 full day. Your supervisor should be liberal in granting you annual leave or leave without pay.
 - (c) **Jurisdiction Requiring In-Person Registration.** When you must register to vote in person, you may be given time off on substantially the same basis as for voting. You will not receive administrative leave if you can register on a nonworkday, and the place of registration is within reasonable 1-day, round-trip travel distance of your place of residence.
- (2) Donating blood, not to exceed 4 hours on site for donation and recovery, under SBA's Blood Donor Program, or when you donate in answer to emergency calls for special blood types.

c. Medical Purposes.

- (1) Vaccination or inoculation in cases of epidemic or threatened epidemic, and for no more than one follow up medical check, if required.
- (2) Obtaining medical attention because of an injury you received while on the job. There will not be a charge to annual or sick leave if medical attention is required on the day the injury occurred. For further information, contact your Office of Workers Compensation Officer in Headquarters.

- (3) Physical examination for your induction into the military service or for an administratively required physical.

d. Emergency Situations.

- (1) If You Are Under Investigation.

When it is in the best interest of the Government to have you off the worksite during the notice period, your supervisor will relieve you from duty and continue you in a pay status without charge to your leave for a short time (24 hours or so) to process your suspension.

- (2) If You Are Being Removed.

When you are told of your separation for cause, you may be given excused absence from the time of notification of the decision to the effective date of your separation, not to exceed 10 calendar days if your presence on the job may result in damage to Government property; be detrimental to the interest of the Government; or be injurious to you, your fellow workers, or the general public.

e. Other Situations.

Administrative leave is a benefit not an entitlement. Supervisors may grant you administrative leave for:

- (1) Tardiness and brief absence from duty, not to exceed 1 hour;
- (2) Absence from duty either before or upon completion of official travel if it is not possible for you to report for duty at the office for 2 hours or more, not to exceed 2 hours;
- (3) Participating as an active pallbearer, or as a member of a firing squad, or a guard of honor in a funeral ceremony for a member of the Armed Forces whose remains were returned from abroad for final interment in the United States if:
 - (a) You are a veteran;
 - (b) Your absence will not interfere seriously with the work of the office; and
 - (c) Your excused absence does not exceed 4 hours.

- (4) Attending the funeral of an SBA employee, not to exceed 4 hours;
- (5) Attending the funeral of an immediate family member³, not to exceed 1 day;
- (6) Dealing with the aftermath of a natural disaster, i.e., hurricane, tornado, flood, etc., that affects you, in increments of 10 workdays;
- (7) Providing emergency law enforcement, relief, or clean-up efforts authorized by Federal, State, or local officials having jurisdiction, in increments of 10 workdays. (Military leave is appropriate for members of the National Guard or Reserves who are called up to assist); or
- (8) Preparing responses to proposed disciplinary and adverse actions (this applies to non-bargaining unit employees only).

7. Am I Eligible for Official Time?

You may be eligible to receive official time for:

- a. Discussing and investigating complaints, grievances, or appeals with bargaining unit employees;
- b. Preparing grievances and appeals⁴;
- c. Attending meetings with supervisors and other Agency officials such as, telephone conference calls with management or union officials, Labor Management and Partnership Council meetings by stewards, officers, and council officers at the local, regional, and national level;
- d. Attending grievance meetings as an employee's representative or as a Union observer when the employee is not represented by a Union representative;
- e. Holding discussions initiated by the Federal Labor Relations Authority (FLRA) with Union officers and stewards and activities carried out in response to requests from the FLRA; and
- f. Other: Preparing for participation in Basic and Reopener negotiations, or Mid-term negotiations.

³ A family member is a spouse; parents thereof; children and spouses thereof; brothers and sisters, and spouses thereof; and any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

⁴ MSPB appeals are limited to the union representative.

You may contact your servicing personnelist or the Labor Relations Officer in Headquarters for questions concerning the amount of time considered reasonable for such a request. (See SOP 37 11, "Labor Relations," for coding time and attendance reports and other information.)

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Chapter 11

Leave Without Pay (LWOP)

1. What Is LWOP?

LWOP is a temporary absence from duty in a nonpay status, generally granted at your request and approved by your supervisor.

a. Am I Entitled to LWOP?

Leave without pay is not a matter of entitlement unless you are:

- (1) A disabled veteran in need of medical treatment under Executive Order 5396;
- (2) A Reservist or National Guardsman performing military training duties under the provisions of section 9(g) of the Military Selective Service Act of 1967;
- (3) A parent accompanying his/her children to routine medical or dental appointments;
- (4) A participant in school and early childhood educational activities directly related to the educational advancement of a child ("school" refers to an elementary school, secondary school, head start program, or a child-care facility); or
- (5) A relative accompanying an elderly relative to routine medical or dental appointments or other professional services related to the care of your elderly relative, such as arranging for housing, meals, phones, banking services, etc.

b. What Are the Guidelines for Approving LWOP?

Your approving official must consider the value to the Government and your needs to determine if your needs are sufficient to offset the cost and inconvenience resulting from retaining you in a LWOP status. Your supervisor must consider:

- (1) Encumbrance of a position;
- (2) Loss of services;
- (3) Complication of retention preference registers in the event of a reduction-in-force;
- (4) Obligation to provide active employment at the end of the leave period;

- (5) Your Government insurance and health benefits at Government expense; and
- (6) Six months retirement credit for which the Government pays.

There must be a reasonable expectation that you will return to duty in an active, productive capacity at the end of your LWOP.

c. How Much LWOP May Supervisors Approve?

Supervisors may approve not more than 24 hours of LWOP each year for family and medical circumstances in paragraph 1a above. For all other situations, supervisors may approve 30 days of leave without pay for you.

d. Can My LWOP Automatically Terminate?

Yes, when you accept an appointment to another Federal position, or at the expiration of your appointment.

2. What Is Extended LWOP and the Procedure for Requesting It?

Extended LWOP is a period of absence exceeding 30 consecutive calendar days for employees with a regularly scheduled tour of duty.

You must submit a written application, preferably an SF 71, "Application for Leave," and a written justification giving specific reasons for your request for LWOP in excess of 30 calendar days to your Management Board member or district director.

Your approving official must document your request on SF-52, "Request for Personnel Action," and send it to your servicing personnelist.

3. What Is My Duty Status After Exhausting Continuation of Pay?

When you are receiving disability compensation, you will be carried in a LWOP status until you return to work, or until the Office of Workers' Compensation makes a determination of permanent disability.

Chapter 12

Voluntary Leave Transfer Program

1. What Is the Voluntary Leave Transfer Program?

The Voluntary Leave Transfer Program was established for employees to provide additional leave to an employee or an employee's family member. It allows you to voluntarily transfer a portion of your **annual leave** to a Federal agency approved leave recipient because an employee or an employee's family member is experiencing a medical emergency.

a. Who Constitutes a Family Member?

Family members consist of:

- (1) Spouse, and parents thereof;
- (2) Children, including adopted children, and spouses thereof;
- (3) Parents;
- (4) Brothers and sisters, and spouses thereof; and
- (5) Any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

b. What Is a Medical Emergency?

A medical emergency is a medical condition that you or your family member has that is likely to require your absence from duty for a prolonged period of time and result in a substantial loss of income to you because you have exhausted your paid leave.

c. What Is a Leave Transfer Recipient?

A leave transfer recipient is a current Federal employee for whom a Government agency approved an application to receive annual leave through voluntary leave transfer.

2. Can I Become a Leave Transfer Recipient?

Should you have a medical emergency and not enough leave to cover your absence, you may apply in writing to become a leave transfer recipient. If you are incapable of making an application, your personal representative may apply for you.

a. How Do I Apply?

You or your representative must:

- (1) Complete SBA Form 1604, "Request To Become A Leave Recipient" (appendix 8);
- (2) Include a statement regarding the reasons you need transferred leave, i.e., brief description of the nature, severity, and anticipated duration of your medical emergency, and if it is a recurring one, the approximate frequency of your medical emergency;
- (3) Submit certification from your physician or other appropriate experts, with respect to your medical emergency, to include the anticipated duration of your medical emergency and any additional information that SBA may require. If certification from more than one source is necessary, SBA will reimburse you for the cost; and
- (4) Send these materials to your immediate supervisor.

b. What Is My Supervisor's Role In the Process?

Your supervisor must:

- (1) Concur and forward your application and attachments through the chain of command to the appropriate Management Board member, or field office director for concurrence. After concurrence, your application is sent to the Agency Leave Transfer Coordinator in Headquarters;
- (2) Monitor the status of your medical emergency to ensure that your medical emergency still exists. This may require requesting additional medical certification; and
- (3) Keep the Leave Transfer Coordinator informed.

c. What Is the Leave Transfer Coordinator's (LTC) Role?

Your LTC will:

- (1) Review your application for completeness and send it to the Assistant Administrator for Human Resources or designee for approval;
- (2) Notify you (or your personal representative) of the decision within 3 workdays after receipt of your application. Should the approving official disapprove your application, your LTC will include the reasons for disapproval in your notice;
- (3) Issue an SBA Notice to all employees telling them that you are an approved leave transfer recipient and that they may donate leave to you or any other approved leave recipient; and
- (4) Maintain the following records:
 - (a) The number of applications approved for medical emergencies affecting you and the number of applications approved for medical emergencies affecting your family members; and
 - (b) The grade or pay level of each leave recipient and leave donor, the gender of each leave recipient, and the total amount of transferred annual leave used by each leave recipient.

d. What Factors Will My LTC Consider When Reviewing My Application?

Your LTC will consider whether:

- (1) You exhausted all of your "available paid leave," excluding advance annual and sick leave, **in the case of a personal medical emergency**;
- (2) You exhausted all of your sick leave available to care for a family member under the Family Friendly Leave Act, **in case of a family member's medical emergency**; and
- (3) Your expected duration of absence from duty without "available paid leave," excluding advanced leave, **is (or is expected to last) at least 24 hours**, (or if you are a part-time employee, at least 30 percent of the average number of hours of work in your biweekly scheduled tour of duty.)

e. How May I Use Donated Annual Leave?

You may use donated annual leave for:

- (1) Approved medical emergency purposes. Donated annual leave accumulates without regard to 5 U.S.C. 6304(a), i.e., "Use or Lose" limitations; and
- (2) Retroactive substitution of LWOP, or to liquidate an indebtedness for advanced annual or sick leave granted where the effective date of the LWOP or the advanced leave used is the beginning date of your medical emergency.

f. What Happens to My Donated Leave When I Transfer to Another Agency?

When you transfer without a break in service, your personnel office will transfer your unused donated annual leave on SF-1150-A, "Transfer of Leave Records For Leave Recipient Covered By the Voluntary Leave Transfer Program," (appendix 9), to your new agency should your medical emergency continue to exist. Your servicing personnel office will attach SF-1150-A to your SF-1150, "Record of Leave Data," (appendix 10), and send them to your new agency.

Donated leave may not be transferred to another leave recipient, included in a lump-sum payment under 5 U.S.C. 5551 or 5552, or recredited under 5 U.S.C. 6306, upon your reemployment by a Federal agency.

g. How Does My Leave Accrue In a "Shared Leave Status?"

When you are using transferred leave, annual and sick leave accrue to your credit at the same rate as if you were in a paid leave status. The maximum amount of annual and sick leave that you may accrue while in a shared leave status may not exceed 40 hours of each. SBA will prorate the maximum amount of your annual and sick leave if you are part-time. This leave must be maintained in an annual and sick leave account separate from your regular leave account.

h. When May I Use My Leave Accrued In a "Shared Leave Status?"

- (1) **During My Medical Emergency.** You may use any accrued leave after you exhaust all transferred annual leave.
- (2) **After My Medical Emergency Terminates.** You may use any leave

accrued as of the beginning of the first pay period beginning on or after the date your medical emergency terminates when your Leave Transfer Coordinator transfers your accrued leave to the appropriate leave account.

i. When Does My Medical Emergency Terminate?

Your medical emergency terminates under the leave transfer program:

- (1) When you leave Federal service;
- (2) At the end of the biweekly pay period in which the LTC receives written notice from you or your personal representative that you are no longer affected by a medical emergency;
- (3) At the end of the biweekly pay period in which the SBA determines, after written notice to you and an opportunity for you (or, if appropriate, your personal representative) to answer orally or in writing, that you are no longer affected by a medical emergency;
- (4) At the end of the biweekly pay period in which the SBA receives notice that the Office of Personnel Management approved your application for disability retirement; or
- (5) Upon your supervisor's determination, absent any additional acceptable medical documentation.

When your medical emergency terminates, SBA will not grant any further requests for transfer of annual leave to you.

j. Can SBA Extend My Medical Emergency?

Yes. The Assistant Administrator for Human Resources may deem that your medical emergency continues to give you adequate time to receive donations.

3. Who Is a Leave Donor?

A leave donor is an employee who submits a written request to voluntarily transfer annual leave to an approved leave recipient, other than an employee's immediate supervisor.

a. How May I Become a Leave Donor?

You may become a leave donor by submitting the following to your Leave

Transfer Coordinator:

- (1) SBA Form 1605, "Request To Donate Annual Leave To Leave Recipient," (appendix 11), to request the transfer of a specific number of hours of your annual leave to a specified SBA leave recipient; or
- (2) Optional Form (OF) 630-B, "Request To Donate Annual Leave To Leave Recipient (Outside Agency) Under The Leave Transfer Program," (appendix 12), to donate annual leave to an approved leave recipient at another Federal agency. Other Federal agency employees may donate leave to an SBA approved leave transfer recipient, by submitting OF 630-B to their servicing personnel office.

b. How Much Annual Leave May I Donate?

- (1) You may donate no more than one-half of your annual leave entitlement during the leave year in which you make the donation, except as provided in paragraph (b) below.
- (2) The maximum amount of "Use or Lose" leave you may donate during the leave year is the lesser of:
 - (a) One-half of the amount of annual leave you would accrue during the leave year you made your donation; or
 - (b) The number of hours remaining in the leave year (as of the date of the transfer) for which you work and receive pay.

4. What Happens to Any Unused Annual Leave I Donate?

- a. When you are on the rolls of a Federal agency on the date of restoration, any unused donated leave will be prorated and restored to the donors. Your LTC will determine the amount to restore to you by:
 - (1) Dividing the number of hours of unused donated leave by the total number of hours of leave donated to a particular recipient;
 - (2) Multiplying the result by the number of hours of leave donated by each eligible donor; and
 - (3) Rounding to the nearest quarter hour.
- b. When there are more eligible donors than annual leave hours remaining for

restoration, no leave will be restored to your account. The amount of leave restored to you will not exceed the amount you donated.

- c. You may elect to have unused transferred annual leave restored to you by:
 - (1) Crediting the restored annual leave to your account in the current leave year;
 - (2) Crediting the restored annual leave to your account effective as of the first day of the next leave year; or
 - (3) Donating such leave in whole or in part to other leave recipient(s).

Transferred annual leave restored to your account under paragraphs (1) or (2) above is subject to "Use or Lose Leave" procedures.

5. Can SBA Require that I Donate or Receive Annual Leave?

No employee may directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce you to interfere with any right you may have to donate, receive, or use annual leave under this program.

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Chapter 13

Family and Medical Leave (F&ML)

1. Who Is Eligible for F&ML?

You are eligible for F&ML if you were on the payroll of a Federal agency for at least 12 months in other than a temporary (less than 1 year and 1 day) or intermittent appointment, and you worked for at least 1,250 hours for the Federal Government during the previous 12-month period. The period of service need not be 12 recent or consecutive months of service.

a. What Is My Entitlement?

You have a right to 12 administrative workweeks of unpaid leave (i.e. leave without pay) during any 12-month period for:

- (1) Birth of your child and care of your newborn child (within 1 year after birth);
- (2) Placement of your child with you for adoption or foster care (within 1 year after placement);
- (3) Care of your spouse, child, or parent with a serious health condition; or
- (4) Your serious health condition that makes you unable to perform the duties of your position.

b. May I Use F&ML for Doctors Visits or Therapy?

Yes, if the lack of treatment or therapy would likely result in your absence of more than 3 calendar days for:

- (1) Continuing treatment by your health care provider or treatment that results in a regimen of continuing treatment or supervision by your health care provider for a long term health condition, incurable illness, or prenatal care;
- (2) Your voluntary or cosmetic treatment requiring overnight inpatient hospital care; or

- (3) Your absence to receive treatment for substance abuse.

c. What Is a Serious Health Condition?

A serious health condition is an illness, injury, impairment, physical, or mental condition that involves:

- (1) A period of incapacity or treatment in connection with or following inpatient care in a hospital, hospice, or residential medical care facility;
- (2) A period of incapacity requiring your absence of more than 3 calendar days and involving continuing treatment by your health care provider; or
- (3) Continuing treatment or supervision by your health care provider for a chronic or long-term condition that, if not treated, would likely result in your incapacity of more than 3 calendar days.

d. When Does My Entitlement Period Begin?

- (1) **Family or Medical Need.** Your entitlement period begins on the date you first take leave.
- (2) **Birth or Placement for Adoption or Foster Care.** Your entitlement period may begin before or on the actual adoption date.

e. How Do I Calculate F&ML?

You calculate the 12 administrative workweeks on an hourly basis which equals 12 times the average number of hours in your regularly scheduled administrative workweek. For example: 12 weeks x 40 hours = 480 (full-time employee) or 12 weeks x 20 hours = 240 (part-time employee)

f. How Do I Invoke the F&ML Act?

You must notify your supervisor and submit an SF-71, "Application for Leave." The remarks section of the SF-71 should reflect, "F&ML Act Leave - Family" or "F&ML Act Leave - Medical." You cannot invoke entitlement to F&ML Act leave retroactively for any previous absence from work.

g. Can SBA Delay My Request for F&ML?

Yes, for up to 30 days after you provide notice of your need for F&ML when you don't give proper notice and the event was foreseeable

2. When Is a Medical Certificate Required for F&ML?

Your supervisor will request medical certification to:

- a. Support your personal serious illness, or your family member's illness to the extent that the medical certification would state that the patient requires assistance for basic medical, hygiene, nutritional, safety, or transportation needs or in making arrangements to meet such needs; and that your presence would be beneficial or desirable for the care of the patient. Your written medical certification, SBA Form 1898, "Certification of Physician or Practitioner, (Family and Medical Leave Act of 1993)," (appendix 13), must include the:
 - (1) Date the serious health condition started;
 - (2) Probable duration of the serious health condition; and
 - (3) Appropriate medical facts within the knowledge of the health care provider regarding the serious health condition, including a general statement as to the incapacitation, examination, or treatment required.
- b. Attest to your health condition when you are in a position that has specific medical standards, physical requirements, or when you are under a medical evaluation program.
- c. Recertify periodically, not more often than every 30 calendar days, your status and intention to return to work.
- d. Return you to duty after a serious health condition.

3. What Happens If SBA Questions My Medical Certification?

SBA may require at SBA's expense that:

- a. You get the opinion of a second health care provider designated or approved by SBA; or
- b. You get the opinion of a third health care provider when the opinion of the

second health care provider differs from the original certification. The opinion of the third health care provider is binding.

4. Can I Substitute Paid Leave for F&ML?

Yes. You may elect to substitute annual or sick leave; advanced annual or sick leave; and donated annual leave for any or all F&ML consistent with leave regulations. However, you may not retroactively substitute paid time off for leave without pay.

5. May I Work Part-Time and Use F&ML?

- a. Your supervisor must approve your request to work part-time and use F&ML due to personal illness or to care for your family member when medically necessary.
- b. Your supervisor **may** approve your requests to work part-time and use F&ML for part of each week for the birth of your child, adoption, or placement of a foster child.

6. May I Receive Additional Leave After Exhausting My F&ML?

Yes. It is possible to receive advanced annual or sick leave, but it is not an entitlement.

7. What Happens If I Can't Perform My Job After Exhausting My F&ML?

Your supervisor may:

- a. Reassign you at the end of the 12 weeks of F&ML; or
- b. Take action to remove you under 5 CFR part 752 based on your "inability to perform" the duties of your position.

8. Am I Entitled to My Same Position When I Return to Work?

Your entitlement is to return to the same or equivalent position. You may request reassignment to a different position, or work schedule, or to an appointment that better suits your personal needs.

9. How Do I Pay My Health Benefits While I am on F&ML?

You may pay your share of the premiums on a current basis or you may incur a debt and pay your share upon your return to duty when you elect to continue your health benefits enrollment for up to 365 days while in a nonpay status.

10. What Are My Rights If SBA Doesn't Comply With the F&ML Act?

You may file a grievance under the provisions of a collective bargaining agreement or SOP 37 71, "Employee Dispute Resolution Process," whichever is applicable.

11. What Records Are Kept On My Use of F&ML?

Your supervisor must maintain the following information so that the Office of Personnel Management can evaluate the use of F&ML:

- a. The number of hours of leave you take; and
- b. Your specific reason for leave.

When you transfer to a different agency, the National Finance Center will provide your new agency with the beginning and ending dates of your 12 month period and the number of hours of leave you took under the F&ML Act.

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Appendix 1

Index to Forms and Reports

<u>Form</u>	<u>Paragraph</u>
SBA Form 1903, "Sign-In/Sign-Out Sheet"	3-5
Standard Form (SF)-71, "Application for Leave"	7-4
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AD-334, "Statement of Earnings and Leave"	8-4
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SF 1150-A, "Transfer Of Leave Records For Leave Recipient Covered By the Voluntary Leave Transfer Program"	13-2
SF-1150, "Record of Leave Data"	13-2
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OF 630-B, "Request To Donate Annual Leave To Leave Recipient (Outside Agency) Under The Leave Transfer Program"	13-3
SBA Form 1898, "Certification of Physician or Practitioner (Family and Medical Leave Act of 1993)"	14-2

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Appendix 2 (paragraph 3-1) LISTING OF ALTERNATIVE WORK SCHEDULES

The following work schedules provide for coverage of core hours, 9:00 am to 3:30pm.

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.)- **Flexitour or standard work schedule** - The tours below provide for an 8 hour work schedule.

<u>30 min. Lunch</u>	<u>45 minute Lunch</u>	<u>60 minute Lunch</u>
<input type="checkbox"/> 7:00 am - 3:30 pm	<input type="checkbox"/> 6:45 am - 3:30 pm	<input type="checkbox"/> 6:30 am - 3:30 pm
<input type="checkbox"/> 7:15 am - 3:45 pm	<input type="checkbox"/> 7:00 am - 3:45 pm	<input type="checkbox"/> 6:45 am - 3:45 pm
<input type="checkbox"/> 7:30 am - 4:00 pm	<input type="checkbox"/> 7:15 am - 4:00 pm	<input type="checkbox"/> 7:00 am - 4:00 pm
<input type="checkbox"/> 7:45 am - 4:15 pm	<input type="checkbox"/> 7:30 am - 4:15 pm	<input type="checkbox"/> 7:15 am - 4:15 pm
<input type="checkbox"/> 8:00 am - 4:30 pm	<input type="checkbox"/> 7:45 am - 4:30 pm	<input type="checkbox"/> 7:30 am - 4:30 pm
<input type="checkbox"/> 8:15 am - 4:45 pm	<input type="checkbox"/> 8:00 am - 4:45 pm	<input type="checkbox"/> 7:45 am - 4:45 pm
<input type="checkbox"/> Standard Work Hours	<input type="checkbox"/> 8:15 am - 5:00 pm	<input type="checkbox"/> 8:00 am - 5:00 pm
<input type="checkbox"/> 8:45 am - 5:15 pm	<input type="checkbox"/> 8:30 am - 5:15 pm	<input type="checkbox"/> 8:15 am - 5:15 pm
<input type="checkbox"/> 9:00 am - 5:30 pm	<input type="checkbox"/> 8:45 am - 5:30 pm	<input type="checkbox"/> 8:30 am - 5:30 pm
	<input type="checkbox"/> 9:00 am - 5:45 pm	<input type="checkbox"/> 8:45 am - 5:45 pm
		<input type="checkbox"/> 9:00 am - 6:00 pm

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.)- **Flexitime** - This option provides for an 8 hour workday. You may select a 30, 45 or 60 minute lunch break which will extend your work schedule the same amount of time.

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.)- **5-4/9 Schedule** - This option provides for 8 nine hour days, 1 eight hour day and a "flex day off."

<u>30 min. Lunch</u>	<u>45 minute Lunch</u>	<u>60 minute Lunch</u>
<input type="checkbox"/> 6:00 am - 3:30 pm	<input type="checkbox"/> 6:00 am - 3:45 pm	<input type="checkbox"/> 6:00 am - 4:00 pm
<input type="checkbox"/> 6:15 am - 3:45 pm	<input type="checkbox"/> 6:15 am - 4:00 pm	<input type="checkbox"/> 6:15 am - 4:15 pm
<input type="checkbox"/> 6:30 am - 4:00 pm	<input type="checkbox"/> 6:30 am - 4:15 pm	<input type="checkbox"/> 6:30 am - 4:30 pm
<input type="checkbox"/> 6:45 am - 4:15 pm	<input type="checkbox"/> 6:45 am - 4:30 pm	<input type="checkbox"/> 6:45 am - 4:45 pm
<input type="checkbox"/> 7:00 am - 4:30 pm	<input type="checkbox"/> 7:00 am - 4:45 pm	<input type="checkbox"/> 7:00 am - 5:00 pm
<input type="checkbox"/> 7:15 am - 4:45 pm	<input type="checkbox"/> 7:15 am - 5:00 pm	<input type="checkbox"/> 7:15 am - 5:15 pm
<input type="checkbox"/> 7:30 am - 5:00 pm	<input type="checkbox"/> 7:30 am - 5:15 pm	<input type="checkbox"/> 7:30 am - 5:30 pm
<input type="checkbox"/> 7:45 am - 5:15 pm	<input type="checkbox"/> 7:45 am - 5:30 pm	<input type="checkbox"/> 7:45 am - 5:45 pm
<input type="checkbox"/> 8:00 am - 5:30 pm	<input type="checkbox"/> 8:00 am - 5:45 pm	<input type="checkbox"/> 8:00 am - 6:00 pm
<input type="checkbox"/> 8:15 am - 5:45 pm	<input type="checkbox"/> 8:15 am - 6:00 pm	
<input type="checkbox"/> 8:30 am - 6:00 pm		

(In choosing your 8 hour day, be aware that you may not arrive at work earlier than 6 am and may not leave earlier than 3:30 pm.)

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 .) -

4/10 Schedule - This option provides for 4 ten hour days and 1 day "off" each week.

<u>30 min. Lunch</u>	<u>45 minute Lunch</u>	<u>60 minute Lunch</u>
<input type="checkbox"/> 6:00 am - 4:30 pm	<input type="checkbox"/> 6:00 am - 4:45 pm	<input type="checkbox"/> 6:00 am - 5:00 pm
<input type="checkbox"/> 6:15 am - 4:45 pm	<input type="checkbox"/> 6:15 am - 5:00 pm	<input type="checkbox"/> 6:15 am - 5:15 pm
<input type="checkbox"/> 6:30 am - 5:00 pm	<input type="checkbox"/> 6:30 am - 5:15 pm	<input type="checkbox"/> 6:30 am - 5:30 pm
<input type="checkbox"/> 6:45 am - 5:15 pm	<input type="checkbox"/> 6:45 am - 5:30 pm	<input type="checkbox"/> 6:45 am - 5:45 pm
<input type="checkbox"/> 7:00 am - 5:30 pm	<input type="checkbox"/> 7:00 am - 5:45 pm	<input type="checkbox"/> 7:00 am - 6:00 pm
<input type="checkbox"/> 7:15 am - 5:45 pm	<input type="checkbox"/> 7:15 am - 6:00 pm	
<input type="checkbox"/> 7:30 am - 6:00 pm		

Appendix 3
(paragraph 5-2)
WASHINGTON, D.C. AREA
EMERGENCY DISMISSAL OR CLOSURE PROCEDURES

Emergency Situations			
Before the Workday		During the Workday	
Media Announces	Supervisors May	Agency Decision	Supervisors May
Federal Agencies Open (Employees are expected to report as scheduled.)	Grant you annual leave, LWOP, or accrued compensatory time when you experience commuting delays.	Continue Operations	Grant you annual leave, accrued compensatory time, or LWOP if you require it.
Adjusted Home Departure*	Grant you administrative leave from the time you normally arrive at work until the time you actually arrive.	Adjusted Work Dismissal**	Grant you administrative leave for the remainder of the workday following your authorized time of dismissal even if you have scheduled leave later in the day.
Adjusted Home Departure/ Unscheduled Leave Policy	Grant you administrative leave from the time you normally arrive at work until the time you actually arrive. Or, grant you annual leave, LWOP, or accrued compensatory time.		Grant you annual leave, accrued compensatory time, or LWOP for the remainder of the day in situations not involving hardship when you leave after receiving official word of the pending dismissal, but before the official departure time.
Unscheduled Leave Policy	Grant you annual leave, LWOP, or accrued compensatory time.		Grant you annual leave, accrued compensatory time, LWOP, or charge AWOL (if applicable) relative to your normal departure time when you leave before official notice of dismissal for the period remaining until the end of the workday.
SBA Closed	Grant you administrative leave whether or not you had previously approved leave. Continue your current status when on LWOP, pending disability retirement, or in receipt of Worker's Compensation, on military leave, on suspension, or in a non-pay status the workday before and after the closure		Employees absent on approved leave. Charge you leave for the entire day. Employees scheduled to report for work before the dismissal, but who don't report. Charge you leave or AWOL (if appropriate) for the entire workday.
<div>* If a 3-hour late work arrival policy is in effect and you normally leave for work at 7 a.m., you would leave for work at 10 a.m.</div> <div>**If a 3-hour early dismissal policy is in effect and you normally leave work at 5 p.m., you would leave work at 2 p.m.</div>			

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Appendix 4 (paragraph 7-4)

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPMR Suppl. 990-2, G 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)				2. Employee I.D. Number			
3. Organizational Unit				4-A Month	Day	Hour	A.M.
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				FROM: 4-B Month	Day	Hour	P.M.
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO: 4-C Total Number of Hours			
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks			
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature			
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year)			
<input type="checkbox"/> Other. (Specify)							
OFFICIAL ACTION ON APPLICATION							
<input type="checkbox"/> Approved				Signature (Annual leave approved may not exceed the amount available for use during the leave year.)			
<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Date (Month, Day, Year)			

NSN 7540-00-753-5067

Please detach this notice before submitting SF 71.

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or

(Continued on Reverse)

EMPLOYEE—Check the appropriate box below (Items 1-4) if you are applying for sick leave. If your agency requires such certification, please have your doctor or practitioner complete the Certification section below. Falsification of information in this portion of the form may be grounds for disciplinary action, including dismissal.

1. I was incapacitated for duty by:		2. I was required to care for a member of my family with a contagious disease. (Give name and relationship of family member, and name of disease.)	
<input type="checkbox"/> Sickness.	<input type="checkbox"/> Off-The-Job Injury.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-The-Job Injury.	<input type="checkbox"/> Pregnancy and Confinement.	<input type="checkbox"/>	<input type="checkbox"/>
3. I will be undergoing medical, dental, or optical examination or treatment.		4. I was exposed to a contagious disease. (Give name of disease and circumstances of exposure.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

Employee's Name	Period Under Professional Care (Indicate Month, Day, Year)	
	From:	To:
Remarks		

I certify that the employee named was under my professional care for the period indicated above, and that the employee's condition during this period made reporting to work inadvisable.

Signature of Physician or Practitioner	Date (Month, Day, Year)

General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.

Appendix 5 (paragraph 8-2) APPROVAL OF EXIGENCY

PART A. TO BE COMPLETED BY IMMEDIATE SUPERVISOR		
<p>I have determined that the situation described below is serious enough to justify cancelling the scheduled annual leave of the following employee(s). I request that you approve this situation as an "EXIGENCY OF THE PUBLIC BUSINESS."</p>		
1. NAME OF EMPLOYEE(S)		
a.	e.	
b.	f.	
c.	g.	
d.	h.	
2. JUSTIFICATION (Provide brief justification and beginning and ending dates of exigency)		
Beginning Date:	Ending Date:	
3. Requesting Official's Signature	4. Title	5. Date
PART B. TO BE COMPLETED BY SUPERVISOR(S)		
CONCURRENCES		
Signature	Title	Date
PART C. TO BE COMPLETED BY APPROVING OFFICIAL		
<p>{ } Approved { } Disapproved</p>		
Signature	Title	Date

SBA Form 1066 (10/96)

All other editions are obsolete.

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All other editions are obsolete.

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Appendix 7 (paragraph 8-4)

SMALL BUSINESS ADMINISTRATION															20772 1238		FORM AD-334	
SOCIAL SECURITY NO. 01 05 97 01 18 97 01 31 11 0010 10 04 0010 31 50 05 0010 1825 05 13 05															USDA (REV. 6/94)			
SALARY RATE 81 913 00 PA F/T 05 20 71 22 775 58															STATEMENT OF EARNINGS AND LEAVE			
EARNINGS AND DEDUCTIONS																		
ITEM		HOURS			AMOUNT													
DE	DESCRIPTION	1ST WK.	P/P	YR. TO DATE	1ST WK.	P/P	YR. TO DATE											
1	REGULAR TIME		40 00	120 00		1 188 80	3 483 60											
4404	SPOT AWARD						354 35											
61	ANNUAL LEAVE			64 00			1 837 44											
62	SICK LEAVE	40 00	40 00	40 00	1 188 80	1 188 80	1 188 80											
66	OTHER LEAVE			18 00			489 36											
75	RETIREMENT @ 7%						487 71											
7516	THRIFT SAV-CSRS TAX DEF					168 15	348 36											
	*AMT BASED ON 2373.60					118 68												
	100% C																	
77	FEDERAL TAX EXEMPTS 507					285 57	818 08											
78	ST TAX MD EXEMPTS 000					170 55	499 97											
81	FEGLI - COVERAGE \$84000					10 58	31 02											
82	OPT FEGLI-AGE BRACKET 4					34 10	100 10											
83	FEHBA - ENROLL COD 501					27 97	84 19											
88	SAVINGS ACCT 0602009852					300 00	900 00											
97	MED. HOSP. INS. (HITS)					34 42	108 18											
*** GROSS PAY						2 373 80	7 321 55											
*** NET PAY						1 225 60	3 888 98											
ROUTING NO.		255072249																
BOND ACCOUNT					YEAR TO DATE LEAVE STATUS													
AUTH NO	DENOMINATION	DEDUCTION	BALANCE AVAILABLE	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSS	PT. HRS UNAPP	MAX. C/S						
						ANN	8.00		203.25	163.25		24000						
						SICK	4.00	40.00	483.60			LEAVE CATEG						
						COMP	8.00		8.00			8						
SAL CHNG-\$ 59917.00PA TOS 61913.00																		
REMARKS																		
NAME AND ADDRESS																		

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Appendix 8 (paragraph 12-2)

REQUEST TO BECOME A LEAVE RECIPIENT

PART A. TO BE COMPLETED BY POTENTIAL LEAVE RECIPIENT			
1. Name (Last, First, Middle)		2. Social Security Number	
3. Position Title		4. Grade	5. Mail Code
6. T&A Contact Person	Office		Telephone
7. Description of Personal Medical Emergency. Describe the reasons transferred leave is needed, include a brief description of the nature, severity, and anticipated duration of the medical emergency, to include beginning and ending dates, and if it is a recurring one, the approximate frequency of the medical emergency affecting the potential leave recipient. Attach the medical certification to this form.			
Check your preference. <input type="checkbox"/> I do want the circumstances of my application published. <input type="checkbox"/> I do not want the circumstances of my application published.			
8. Applicant's or Personal Representative's Signature		Title	Date
PART B. TO BE COMPLETED BY SUPERVISOR(S)			
9. CONCURRENCES			
Signature	Title	Date	
PART C. TO BE COMPLETED BY APPROVING OFFICIAL			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Provide Reason Below)			
Signature	Title	Date	

SBA Form 1604 (10/96)

All other editions are obsolete

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Appendix 9 (paragraph 12-2)

Standard Form 1150-A
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

Transfer Of Leave Records For Leave Recipient Covered By the Voluntary Leave Transfer Program (Addendum To SF 1150)

Instructions:

If the employee at the time of his or her separation is a current leave recipient under the Voluntary Leave Transfer Program (authorized by Public Law 100-566) and is transferring to another Federal agency without a break in service, the employing agency from which the em-

ployee is transferring must complete this form (SF 1150-A) and attach it to the SF 1150, Record of Leave Data. Both the SF 1150 and SF 1150-A must be forwarded to the employing agency to which the employee is transferring.

TO BE COMPLETED BY TRANSFERRING AGENCY

1. Name of Current Leave Recipient (Last, First, Middle)			2. Social Security Number	
3. Date Medical Emergency Began	4. Date Medical Emergency Terminated (if applicable)	5. Date Employee was Approved to Become a Leave Recipient	6. Effective Date of Separation (Transfer)	
7. Total Hours of Annual Leave Donated to Leave Recipient as of the Date of Separation	8. Total Hours of Donated Annual Leave Used by the Leave Recipient as of the Date of Separation	9. Total Hours of Unused Donated Annual Leave as of the Date of Separation		
10. Remarks (Provide a list of all employees who donated annual leave to the leave recipient, including the total amount of annual leave donated by each employee.)				

11. Individual's Name Who Can Provide Further Information	Telephone Number
12. Authorizing Official's Name, Title, and Signature	Date Signed

REPRODUCE LOCALLY

*U.S. GOVERNMENT PRINTING OFFICE: 1989-240-594-00002

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Appendix 10 (paragraph 12-2)

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number				3. (For agency use)							
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling)				Yes <input type="checkbox"/> No <input type="checkbox"/>							
				B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)							
6. Total Service for Leave (as of Date of Separation)				More than 15 Years				Less Than 15 Years (show) Years Months Days							
SUMMARY OF ANNUAL AND SICK LEAVE								SUMMARY OF HOME LEAVE							
7. Carryover Balance From Prior Leave Year Ending				MO. DAY YEAR				18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started Date Completed							
				HOURS Annual Sick Restored											
8. Current Leave Year Accrual Through Pay Period Ending (If 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on							
9. Total								MO. DAY YEAR							
10. Reduction in Credits, If Any (current year)								Hours Absent Without Pay Since That Date							
11. Total Leave Taken, Current Year Through Date of Separation								20. Current Balance (or accrual) as of							
12. Balance								MO. DAY YEAR							
13. Total Hours Paid in Lump Sum (includes hours for holidays)								Number of Days							
14. Salary Rate(s) Per Hour:								21. Twelve Months Accrual Date as of Date of Separation							
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)				MO. DAY YEAR HOURS				22. Dates Leave Used Prior 24 Months							
a. Restored				From Thru				FROM TO							
b. Annual Leave Above Ceiling				From Thru				MO. DAY YEAR MO. DAY YEAR							
c. Annual Leave Within Ceiling				From Thru											
ABSENCE WITHOUT PAY															
16. During Leave Year in Which Separated								Hours							
17. A. Date of Last Equivalent Increase								MO. DAY YEAR							
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)								Hours							
24. Remarks (include shore leave information, if applicable):															
25. Certified Correct By: (Signature)								26. Title, Agency, Address, Telephone Number							
								27. Date							

1150-116

STANDARD FORM 1150 (REV. 12-77)
U.S. OFFICE OF PERSONNEL MANAGEMENT
FPM SUPP. 256-33 AND 980-2

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Appendix 11 (paragraph 12-3)

REQUEST TO DONATE ANNUAL LEAVE TO LEAVE RECIPIENT

PART A. TO BE COMPLETED BY LEAVE DONOR		
1. Donor's Name (Last, First, Middle)		2. Social Security Number
3. T & A Contact Person	4. Office	5. Mail Code
I understand that the maximum amount of leave I may donate shall be the lesser of: (a) the amount of annual leave I'm entitled to accrue this year; or (b) the number of hours remaining in the leave year for which I am scheduled to work.		
6. Amount of Annual Leave to be Donated	7. Leave Recipient's Name	8. Telephone No.
9. Please check one of the following: <input type="checkbox"/> a. I elect to have any unused transferred annual leave restored to my account during (1) the current leave year; or (2) the following leave year. <input type="checkbox"/> b. I elect to donate any unused transferred annual leave to another leave recipient. <input type="checkbox"/> c. I elect a combination of (a) and (b).		
I certify that the above named leave recipient is not my immediate supervisor.		
10. Donor's Signature	Date	11. Telephone No.
PART B. TO BE COMPLETED BY AGENCY LEAVE TRANSFER COORDINATOR.		
12. Number of Hours to be Credited to Leave Recipient's Account { }		
I certify that the leave donor currently has sufficient annual leave in leave donor's annual leave account to make the donation in Item 8 and that the amount of the donation does not exceed the maximum limitation for leave donation under the Voluntary Leave Transfer Program.		
13. Signature of Agency Leave Transfer Coordinator		Date

SBA Form 1605 (10/96)

All other editions are obsolete.

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Appendix 12 (paragraph 12-3)

Optional Form 630-B
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

Request To Donate Annual Leave To Leave Recipient (*Outside Agency*) Under The Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law,

rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

PART A - TO BE COMPLETED BY LEAVE DONOR		
1. Name (Last, First, Middle)	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level	5. Relationship of Leave Donor to Leave Recipient (if any)	
6. Leave Donor's Agency (Agency, Department, Office, Division, Branch, etc.)		
7. Amount of Annual Leave as of End of Last Pay Period	8. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period	9. Amount of Annual Leave To Be Transferred
10. Leave Recipient's Name, Agency, Agency's Address, Organization (Agency, Department, Office, Division, Branch, etc.)		
11. Leave Donor's Signature		Date Signed
PART B - TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR		
INSTRUCTIONS: Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.		
12. Enter the Amount of Annual Leave to Be Credited to the Leave Recipient's Annual Leave Account ►		
13. If the agency is waiving the maximum limitations for leave donation under the Voluntary Leave Transfer Program, describe the special circumstance that warrants the waiver.		
14. Name of Agency Contact Who Can Provide Further Information		Telephone Number
I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program. ►		Signature of Authorizing Official and Date Signed

REPRODUCE LOCALLY

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Appendix 13 (paragraph 13-2)

Certification of Physician or Practitioner (Family and Medical Leave Act of 1993)

1. Employee Name	2. Patient's Name (If other than employee)				
3. Diagnosis					
4. Date Serious Health Condition Started	5. Probable Duration of Condition				
6. Regimen of Treatment To Be Prescribed. <small>(Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment, if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week).</small>					
a. To be completed by Physician or Practitioner					
b. To be completed by another provider of health services, if referred by Physician or Practitioner					
If this certification relates to care for the employee's seriously-ill family member, skip items 7, 8, and 9. Proceed to items 13-20 on the back. Otherwise, continue below.					
Answer the following questions:					
7. Is Inpatient Hospitalization of the Employee Required?	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table>	Yes	No	—	—
Yes	No				
—	—				
8. Is Employee Able to Perform Work of Any Kind? (If "NO," skip item 9)	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">—</td> <td style="padding: 0 10px;">—</td> </tr> </table>	—	—		
—	—				
9. Is Employee Able to Perform the Functions of Employee's Position? <small>(Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee)</small>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">—</td> <td style="padding: 0 10px;">—</td> </tr> </table>	—	—		
—	—				
10. Signature of Physician or Practitioner	Date: <table style="width: 150px; height: 30px; border: 1px solid black; margin-left: 10px;"></table>				
11. Type of Practice (Field of Specialization, if any)					

SBA Form 1898 (10/96)

For certification relating to care for the employee's seriously-ill family member, complete the following:	
13. Is Inpatient Hospitalization of the Family Member (Patient) Required?	Yes No — —
14. Does (or will) the Patient Require Assistance for Psychological Comfort?	— —
15. After Review of the Employee's Signed Statement (See Item 17 Below), Is the Employee's Presence Necessary or Would It be Beneficial for the Care of the Patient?	— —
16. Estimate the Period of Time Care Is Needed or the Employee's Presence Would be Beneficial.	
To be Completed by the Employee Needing Family Leave	
17. State the Care You Will Provide and an Estimate of the Amount of Time Needed to Care for Family Member. Include a Schedule If Leave Is to be Taken Intermittently or On a Reduced Leave Schedule.	
18. Employee Signature	Date
19. Signature of Physician or Practitioner	21. Type of Practice (Field of Specialization, if any)